Parent/Guardian of

Ontario Ministry of Health

Healthy Smiles Ontario

Parent Notification Form (PNF) Instructions Emergency and Essential Services Stream (HSO-EESS)

Print Form

Please return this form to:

Public Health Unit:

Address:

Phone: Fax:

Client's School:

Date of Issue:

Parent Notification #

Public Health Unit (PHU) Use Only

Client's Name:

Screening date:

Screening Location:

By:

Date Received:

Dear Parent/Guardian of

Your child had a dental screening and has a dental condition(s) which needs immediate treatment by a dental provider. Based on the results of your child's dental screening, your child is clinically eligible for the Emergency and Essential Services Stream of the Healthy Smiles Ontario program. This Parent Notification Form should be completed and returned to the public health unit listed above **within 20 business days of the date of issue**. If this form is not returned, your child may be re-screened.

Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) provides access to free emergency and essential services for eligible children and youth.

Children and youth may be eligible for HSO-EESS if they:

- Are 17 years of age or under;
- Live in Ontario;
- Meet the financial eligibility criteria (Section 2A); and
- Meet the clinical eligibility requirements as described in the *Oral Health Protocol, 2021* which can be found here: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Oral%20Health%20Protocol_2021.pdf. Protocols are published by the Minister of Health as per Section 7 of the *Health Protection and Promotion Act*.

Please note: Children 17 years old and under are automatically enrolled in Healthy Smiles Ontario and eligible for dental services when they or their household receive(s) Ontario Works, Temporary Care Assistance, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities.

How to complete this form:

Complete Section 1 OR 2 depending on the following:

- Section 1 – Client is already enrolled in Healthy Smiles Ontario OR is able to pay for treatment
- Section 2 – Client would suffer financial hardship if they had to pay for treatment

Return the form to the Public Health Unit at the address at the top of this page within 20 business days of the date of issue (see box on the top left of page one). Please note, providers should not submit completed HSO EESS applications directly to the Ministry of Health, as this will prevent appropriate processing for enrolment and cause unnecessary delays.

For more information, please contact the Public Health Unit at the top of this page.

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Client's Name:

Please complete either Section 1 OR Section 2

Section 1 – Client is already enrolled in Healthy Smiles Ontario OR is able to pay for treatment

Please check ONE of the following:

☐ You can pay for the treatment or have dental benefits that cover the treatment.

OR

☐ Your child is already enrolled in Healthy Smiles Ontario. For example, if you are in receipt of social assistance, your child is already enrolled in Healthy Smiles Ontario.

Please complete the following. This information can be found on your child's dental card.

HSO Client ID Number:

HSO Dental Card Expiry Date:

If you have selected either one of the above options, please take this form to your dental provider and ask them to complete the following section to confirm treatment has initiated. You will then be removed from our follow-up process. The public health unit may also contact your dental provider directly to confirm that treatment has begun.

To Be Completed By Dental Provider

Dental Provider: Please complete this section once treatment has begun and return this form to the public health unit at the address at the top of this page. Please note, providers should not submit completed HSO EESS applications directly to the Ministry of Health, as this will prevent appropriate processing for enrolment and cause unnecessary delays.

Dentist's Name

Dentist's Phone	Dentist's Unique ID #

X Signature of Dental Provider	Date (yyyy/mm/dd)

The completed form must be mailed, faxed or delivered to the public health unit at the address at the top of this page within 20 business days of the date of issue (see box on the top left of page one).

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Section 2A – Client would suffer financial hardship if they had to pay for treatment

Please answer the questions below.

1. Is your household income at a level where you could receive the Ontario Child Benefit? If you are not sure, please contact your local public health unit. ..... ☐ Yes ☐ No

2. If you paid for the treatment, would your household suffer financial hardship resulting in any one of the following:

   a) Inability to pay rent/mortgage;

   b) Inability to pay household bills;

   c) Inability to buy groceries for the family; or

   d) The child/youth or family will be required to seek help from a food bank in order to provide food. ..... ☐ Yes ☐ No

If you answered NO to BOTH of the questions:

You **do not** meet the financial eligibility requirements for the Emergency and Essential Services Stream of Healthy Smiles Ontario. Please complete Section 1 and mail or drop off your completed form to your public health unit at the address listed above.

If you answered YES to either question:

You meet the financial eligibility requirements for the Emergency and Essential Services Stream of Healthy Smiles Ontario. Please complete all of Section 2 and mail or drop off your completed form to your public health unit at the address listed above.

Section 2B – Applicant Information

Applicant is the: (choose one)

☐ Custodial Parent

☐ Legal Guardian

☐ Youth – completing for yourself

Last Name

First Name	Middle Name (if applicable)
Telephone Number	Extension (if applicable)

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Public Health Unit (PHU) Use Only

Client's Name:

Residential Address

Unit Number	Street Number	Street Name		
City/Town		Province		Postal Code

Mailing Address ☐ Indicate (√) if same as Residential Address

Unit Number	Street Number	Street Name		
City/Town		Province		Postal Code

Section 2C – Client Information (Child/Youth)

Last Name

First Name	Middle Name (if applicable)
Date of Birth (yyyy/mm/dd)	Sex ☐ Male ☐ Female ☐ Other

School (if applicable)

Section 2D – Other Insurance

Children/youth with other dental insurance can enrol in Healthy Smiles Ontario but are required to use their own insurance first before using the coverage under the Healthy Smiles Ontario Program.

Does your child have insurance coverage that includes dental benefits? ..... ☐ Yes ☐ No

Families and/or youth who are unable to afford to access other insurance first, may be exempted from this requirement and may be treated by the Healthy Smiles Ontario Program as first payer.

Are you able to afford to access other insurance first? ..... ☐ Yes ☐ No

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Section 2E – Terms and Conditions and Consent

I declare that:

- The client for whom this Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) Application is being completed meets the eligibility requirements for the HSO-EESS;
- I have not misrepresented information about the client, myself or my household and understand that any misrepresentation may result in the immediate removal of the client from HSO-EESS, and that the Government of Ontario may seek reimbursement for any services that were rendered while the client was ineligible for the program;
- I understand that the information on this application may be subject to audit and verification and that I must immediately report any changes that may affect the eligibility of the client to the Ministry of Health;
- I understand that the mailing address provided in Section 2B of this Application form will be the mailing address used for the client listed;
- I understand that only certain dental procedures are covered under HSO-EESS, as listed in the Healthy Smiles Ontario Program Schedules of Dental Services and Fees and I am responsible for paying for services not covered or paid for under HSO-EESS;
- I understand that where possible any existing public or private dental insurance coverage for the client listed must be utilized before resorting to HSO-EESS;
- I understand that if the client listed has other insurance coverage, I may be asked to send further information about that coverage from the insurance carrier;
- I understand that if I am unable to afford to access my other insurance first, I can be treated under the HSO-EESS as first payer;
- I understand that the Healthy Smiles Ontario dental card is valid for up to 6 months starting from the registration date and will expire either at the end of the 6 month period or on the 18th birthday of the client listed, whichever date is earlier;
- I understand that the client is allowed a maximum of three (3) enrollments into the HSO-EESS during their lifetime;
- I consent to the collection, use and disclosure of any of the information included on this form or submitted in connection with this form by and among my dental services providers(s), the relevant board of health (public health unit) and the Ministry of Health (MOH); and
- I also consent to the collection use and disclosure of related treatment information among my dental service provider(s), the relevant board of health and the MOH for the purpose of follow-up, case management, program administration and reporting, and evaluation.

X Signature of Parent/Guardian/Youth

Date (yyyy/mm/dd)

The completed form must be mailed, faxed or delivered to the public health unit at the address at the top of this page within 20 business days.

Print Form Clear Form